THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Division of Prevention and Behavioral Health Services

Treatment Provider Billing Training



Treatment Provider Billing Training

 The purpose of today's training is to provide a general overview of the Billing Services and Billing Codes.

 Please refer to the Provider Billing Manual for a Complete explanation of the Billing Policies and Procedures.

Billing Representatives

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Acceptable Bill Submission Formats

- Secure Email- Claims or bills can be sent to billing representatives, via use of secure encrypted email.
- Secure Fax- Claims or bills can be sent to our secure fax number: 302-622-4475 to the Attention of the Billing Unit on the fax cover sheet.
- Mail- Claims can be sent to the attention of:

Attn.: Data Unit

The Department of Services for Children, Youth and Their Families

1825 Faulkland Road Wilmington, DE 19805

Acceptable Bill Submission Formats

- In Person- Bills can be brought to Murphy Cottage located at the Faulkland Road address
 - Providers may either leave the bills with front desk staff in the lobby of Murphy Cottage, or can request to have the front desk staff call the billing representative to the lobby.
 - For safety reason and to ensure safety within the building, providers are NOT permitted to bring the bills to the billing representatives' personal offices. Visitors may not walk without escorts throughout the building.

Acceptable Bill Submission Formats

 <u>Electronic Direct Submission-</u> Providers can request to have direct bill processing access to our billing payment system.

Requirements

- Three (3) Months of "Clean" billing claims prior to requesting Electronic Billing access
- Ask and receive approval from your Program Administrator (PA)
- Contact your DPBHS Billing Representative
- Provider must have direct deposit set-up
- Provider must identify only 2 users within their agency to enter claims
 - One (1) user is the primary billing person and the second person is the back-up
- Both users must sign into the system at least once per month or the account will be suspended for inactivity and eventually deleted
- Complete three forms and one training

Screening Claims and Required Information

- The following information is required and MUST be with your bill or claim.
- Without this information your claim is not a "clean" claim or bill and it will NOT be processed for reimbursement.
- If your bill or claim is "not clean" you will receive a Return to Provider Letter explaining what was missing and what you need to do to resubmit using the Re-submission Form.

Clean Claims and Required Information

The following information is required and MUST be with your bill or claim.

- Billing Month
- Provider Name
- Service type (check box)
- Client Full Name (First Name, Middle Name, and Last Name)
- Authorization Number
- Service Date(s)

Clean Claims and Required Information (con't)

The following information is required and MUST be with your bill or claim.

- Units of Service
- Unit cost as specified in the executed contract (not your usual and customary rates)
- Client Date of Birth (MM/DD/YYYY)
- Level of care (i.e., IOP, Behavioral Intervention-formerly known as Wrap, Crisis)
- Billing Code
- Corresponding CPT code or Corresponding HCPCS codes

Standard Billing Forms Billing Summary Form

Billing Summary Form

This cover sheet **MUST** accompany all monthly bills from Routine Outpatient, Intensive Outpatient, and Behavioral Intervention (formerly known as Wrap-Around Services) regardless of submission type (i.e., paper submission, electronic submissions through direct entry into FACTS Provider Invoice module). It is the expectation that all claims and bills submitted for processing will have this Billing Summary Form. The billing total on this form must equal the total on the individual Client Billing/Activity Forms.

Standard Billing Forms Client Billing/Activity Form

- Client Billing/Activity Form
 This form is referenced in the Provider Billing Manual.
- It MUST be used by all unit-cost, Intensive Outpatient, Routine Outpatient, Behavioral Intervention (formerly known as Wrap-Around) Services and Crisis programs that are not billing electronically.

Standard Billing Forms Monthly Style Billing Form

Monthly Style Billing Form

This form **MUST** be used by all unit or costreimbursable Residential and Day Treatment programs as well as providers that are not billing electronically.

Standard Billing Forms

Transportation and Translation Provider Forms

 Transportation and Translation Services Billing Forms and Cover Sheets (for providers who provide Transportation and Translation services only)

These forms should be used by all transportation and translation providers. Translation providers must use the translation billing form and cover sheet. Transportation providers must use the transportation billing form and cover sheet.

* Please note: If your agency provides transportation in conjunction with treatment services, there is a specific location on the Client/Activity Form for mileage reimbursement

Processing Claims

- Once a claim or bill has passed the screening as a "clean claim", it is sent for processing. One of the following actions will happen:
 - Payment- The provider will be reimbursed for payment based on contractual specifications.
 - Denial- The claim or bill is denied payment because it does not meet program criteria and contractual specifications. Next, the provider will receive an exception report that details the reason(s) why the claim was denied in whole or part.
 - It is the provider's responsibility to follow up with the required information, fix any errors that may have resulted in the denial, and resubmit the bill.
 - The re-submitted bill must be re-submitted using the re-submission form. The bill must be re-submitted within the identified timely claim submission guidelines.

Processing Claims

- Partial payment There are some exceptions or errors. Only a portion of the bill can be paid because the claim or bill does not meet program criteria or contractual specifications. The provider will receive an exception report that details the reason(s) why the claim was denied in whole or part.
 - The provider may need to follow up with the required information, fix any errors that may have resulted in the denial, and resubmit the bill.

Processing Claims Exception Reasons for Denial or Partial Payment

- Service date not authorized
 - Admission
 - Discharge
 - Authorization expired
 - End fund date expired
- Service authorization gap
- Duplicate claim submission; previously paid
- Service billed twice in the same day for the same client
- Error in total amount billed
- Client/Agency not authorized for level of service
- Billed at incorrect rate per contract only paid services at contracted rate
- Not a DPBHS client
- Not a DSCYF client

Remittance Advice

- After payment has been submitted to our fiscal department, we will send a Remittance Advice (RA) to the provider's billing representative.
 - This document describes how much of the bill will be paid, partially paid or denied. Partial payment or denial will be on the exception report.
 - If your entire bill was paid, without any exceptions, you will receive a RA for the entire amount billed in accordance to the executed contractual rates.

Timely Claim Submission Requirements

• DPBHS requires that bills and claims MUST be submitted within 6 months of the original date of service (180 calendar days). Bills and claims submitted after this time frame will be denied. This may include re-submitted claims.

Resubmitting Claims Vs. Reconsideration

- After receiving a RTP letter, providers have 6 months from the date of service to correct and resubmit claims or bills for payment with the "required information".
- Reconsideration is the DPBHS billing appeal process in which a provider uses to dispute the denial of a payment or a claim.

Provider Claim and or Bill Appeal Process

- This claim reconsideration must be submitted within 30 days after the initial denial is received. Most claims can be resolved within 5 -7 business days. Contact your billing representative.
- If the provider is not satisfied with the outcome from the billing representative, they can follow the appeal process using the Reconsideration Form.

Claim Inquiries

- DPBHS billing unit accepts telephone, written, and e-mailed inquiries from providers concerning claim or billing issues as long as all forms of communication are in compliance with HIPAA standards and maintain appropriate confidentiality.
- Please be sure to use the Claim Inquiry Form when requesting information in writing.

Time Intervals

- Units are rounded down to the nearest 15 minutes. If you render services to a client from 12:55P.M. -2:15P.M., that would be 1 hour and 15 minutes or 1.25 units.
- Also please note you must submit time in quarter increments
 - 15 minutes is .25
 - 30 minutes is .50
 - 45 minutes is .75
 - 60 minutes is 1.0

Provider Error Notification to DPBHS

- If a provider realizes that they have submitted a bill for payment in error, they must contact the Billing Manager as soon as they have become aware.
- These errors include incorrect units, dates, sub service or clients etc. The provider is required to use the Submitted in Error form.
- The provider may also be required to return payment to DPBHS for the claim or billing error. There are two payback options:
 - Recoupment through future claims
 - Or direct check made payable to "The State of Delaware". Please include in the memo line, the client's initials and date of service that was billed in error. For multiple errors and multiple dates billed in error, a letter must accompany the check to specify what the check covers (which clients, which dates of service, etc.).

Service Codes-What are we?

- Direct Services codes are abbreviations DPBHS uses to input service types into the client payment system
- Codes are IN or OUT of office
- Please note Behavioral Intervention (Wrap) does not have a IN or OUT distinction
- Service code categories are:
 - New Client- ONLY on <u>FIRST</u> visit
 - Emergency- within 24 hours of request
 - Routine- Not emergency or New Client

 Please note Behavioral Intervention (Wrap) does not have a IN or OUT distinction

- Behavioral Intervention Codes
 - Community Aide Services, MH
 - Reimbursement, MH
 - Transportation

 Community Aide Services- Activities will occur in the client's environment (i.e. home, community center, etc.) and will include but not be limited to:

SERVICE CODE= AIM

- Psychosocial activities, community events, skill building activities and other related therapeutic services according to the prescribed treatment plan.
- Transportation to and from provided activities.
- Treatment team planning meetings, school meetings, and other related activities that facilitate the treatment plan.
- Skill building groups such as parenting and parent support, social skills groups, etc.

 Reimbursement, MH- for other expenses necessary to provide services within a system of care framework. These may include but not necessarily be limited to:

SERVICE CODE= REM

- Reimbursement for psychotropic medication. The Provider will document that there is no other avail-able resource for their pur-chase and that the agency psychia-trist has prescribed and continues to monitor their use. Approval for this charge must be obtained in advance.
- Purchase of club memberships for clients and other activities approved by CMH clinical management team
- Material reinforcements for clients as they achieve treatment plan goals.

 Transportation-for mileage reimbursement for transporting client during community aid services. No reimbursement for no show clients.

SERVICE CODE= TRA

 Mileage reimbursed @ 0.39 per mile to the agency or staff for mileage driven while client is in the vehicle and when services are directly being provided for the client in accordance with the community aide services.

Service Codes-What are we? (con't) IOP, Outpatient, and Crisis

Service code categories are:

- New Client- ONLY on <u>FIRST</u> visit
- Emergency- within 24 hours of request
- Routine- Not emergency or New Client

Service Codes- IN vs. OUT of Office IOP, Outpatient, and Crisis

 Direct Service Codes IN the Agency Office-These, program approved therapy or activity sessions happen IN THE AGENCY OFFICE.

 Direct Service Codes OUT of the Agency Office-These, program approved therapies or activity sessions happen OUT OF THE AGENCY OFFICE.

Service Codes N Office New Client

Please note the information in the chart below refers to NEW CLIENTS ONLY. Please only use these codes if this client is NEW to your agency.

<u>Service Type</u>	<u>Definitions</u>	<u>DPBHS</u> <u>Service</u> <u>Code</u>
Ne	ew Clients Intake <u>IN</u> Office	
Intake/First Session (Only one of these codes per treatment episode)	This is the first direct face-to-face contact with the client that takes place in a location other than the agency office. It is important that if the client is a minor child, that collateral contact is made also with parents so that an adequate clinical picture can be obtained. An intake session, may include family members other than the client, but it is still called an intake.	01
New Cli	ents Intake Emergency <u>IN</u> Office	
Emergency (New Client)	Any other unscheduled emergency intake session held in the agency, in which the therapist provides direct face-to- face contact assessment, evaluation, or treatment. This code should be used only if no other applies. (New Client Only)	E01

Service Codes N Office Routine

<u>Service Type</u>	<u>Definitions</u>	<u>DPBHS</u> <u>Service</u> <u>Code</u>
ROU'.	FINE Client Individual IN Office	
Individual Session	This is any face-to-face session with the identified client. No one else is present.	02
ROUTIN	NE Client Group Therapy IN Office	
Group Therapy	This is a face-to face contact in which a group of clients is present for the purpose of treatment (as defined on the treatment plan), of which the identified client is a part. - Other in Office Group Meetings - Family Group Session - Psycho-Social Group (In office)	03 F03 P31
ROU	JTINE Client Family IN Office	
Family Session	This is a face-to-face contact in which the identified client and at least one other family member, other primary caretakers, or significant	04

Service Codes N Office Routine (con't)

<u>Service Type</u>	<u>Definitions</u>	<u>DPBHS</u> <u>Service</u> <u>Code</u>
ROUT	TINE Client Psychiatry IN Office	
Psychiatry/Medication Monitoring	Psychiatric session for the purpose of determining the need for psychotropic medication or for follow-up after medication has been prescribed. This may be provided only by a psychiatrist or a nurse practitioner.	05
Psychiatric Nurse Practitioner	Psychiatric session for the purpose of determining the need for psychotropic medication or for follow-up after medication has been prescribed. This may be provided only by a psychiatrist or a nurse practitioner.	55
	NE Client Family Consultation IN Office	06
Family Consultation	This is a face-to-face contact with family members without the identified client present. The identified client and his/her problem, treatment plan, etc. are the topic of discussion. (It is family therapy without the client present.)	06

Service Codes

A Routine Client Service code is one that is NOT a new client and NOT an emergency

client.

<u>Service Type</u>	<u>Definitions</u>	DPBHS Service Code
ROUTINE	Client (ONLY SA providers) Substance Abuse IN Office	
SA Evaluation	This should be used only in the event that the client has been referred just for an evaluation and a report must be prepared for submission to court, a funding agency, or treatment facility for the express purpose of referring to another service. Evaluations requested by the schools to be included in any educational evaluation must be approved in writing prior to the service being provided. These are payable only through contractors of SA services.	10
Lab Analysis	Lab analysis for alcohol or other drugs. This process must comply with all federal, state, local guidelines and regulations, and ethical standards with regard to treatment of adults and/or minor children. It may be used only if there is documentation that no other source of payment (medical insurance, Medicaid) is available.	11

Service Codes

A Routine Client Service code is one that is NOT a new client and NOT an emergency

client.

<u>Service Type</u>	<u>Definitions</u>	DPBHS Service Code
ROUTIN	E Client Other IN Office	
Any other direct face to face with client or family that occurs in the agency office, or satellite, but is not an emergency.	Transportation is not counted as direct treatment service. But —when transporting client(s) and/or family(ies), therapist may be providing treatment. This maybe coded as an out-of-office treatment session (17) if a progress note is written which addresses the clinical content and is related to the treatment plan	16

Service Codes N Office Emergency

Emergency code is when you see a client within 24 hours or less of the request for an appointment

Service Type	<u>Definitions</u>	<u>DPBHS</u> <u>Service Code</u>	
	Emergency Client Individual IN Office		
Emergencies Individual Session	This is any face-to-face session with the identified client. No one else is present. Emergency individual session (currently active client)	E02	
	Emergency Client Family IN Office		
Family Session	This is a face-to-face contact in which the identified client and at least one other family member, other primary caretakers, or significant others are present. Emergency Family Session (currently active client).	E04	
	Emergency Client Psychiatry IN Office		
Emergency Psychiatric Session	Psychiatry/Medication Monitoring – Psychiatric session for the purpose of determining the need for psychotropic medication or for follow-up after medication has been prescribed. This may be provided only by a psychiatrist or a nurse practitioner. Emergency Psychiatric Session.	E05	

Service Codes N Office Emergency (con't)

Emergency code is when you see a client within 24 hours or less of the request for an appointment

Service Type	<u>Definitions</u>	<u>DPBHS Service</u> <u>Code</u>
	Emergency Client Psychiatry IN Office	
SA Evaluation (AOD only)	SA Evaluation - This should be used only in the event that the client has been referred just for an evaluation and a report must be prepared for submission to court, a funding agency, or treatment facility for the express purpose of referring to another service. Evaluations requested by the schools to be included in any educational evaluation must be approved in writing prior to the service being provided. These are payable only through contractors of SA services. Emergency SA evaluation (SA licensed agencies only)	E10
Emergency/In Agency Office	Emergency/In Agency Office - Any other unscheduled session held at the agency (or any satellite of the agency) in which the therapist provides direct assessment, evaluation, treatment because of a defined crisis. It should be noted that therapists should practice only within the area of their expertise and defer to colleagues in specialized areas when dealing with life-threatening	E14
	problems such as suicidality.	

Service Codes OUT of Office New Client Please note the information in the chart below refers to NEW CLIENTS ONLY. Please only use these codes if this

client is NEW to your agency.

Service Type	<u>Definitions</u>	DPBHS Service Code
	NEW Client Intake OUT of Office	
Intake/First Session (Only one of these codes per treatment episode)	This is the first direct face-to-face contact with the client that takes place in a location other than the agency office. It is important that if the client is a minor child, that collateral contact is made also with parents so that an adequate clinical picture can be obtained. An intake session, may include family members other than the client, but it is still called an intake.	P1
NEV	W Client Intake Emergency OUT of Office	
Emergency /out of office (New Client)	Any other unscheduled emergency intake session held out of the agency e.g., DFS Office, Hospital Emergency Room, Police Station, etc, in which the therapist provides direct face-to-face contact assessment, evaluation, or treatment. This code should be used only if no other applies. (New Client Only)	EP2
In Home	Emergency home visit which is a first face-to-face contact with a new client/family	EP1

<u>Service Type</u>	<u>Definitions</u>	DPBHS Service Code
ROUTIN	E Clients Psychiatry Service Codes Out of Office	
Psychiatry/Medication Monitoring	Psychiatric session for the purpose of determining the need for psychotropic medication or for follow-up after medication has been prescribed. This may be provided only by a psychiatrist or a nurse practitioner.	05
Psychiatric Nurse Practitioner	Psychiatric session for the purpose of determining the need for psychotropic medication or for follow-up after medication has been prescribed. This may be provided only by a psychiatrist or a nurse practitioner.	55
ROUTINE Clients At School Out of Office		
School Consultation	IPRD, IEP and progress meetings in which the therapist assists the parent to be an advocate for his/her child, and/or provides consultation on treatment and management issues for the client.	07

Service Type	<u>Definitions</u>	<u>DPBHS</u> <u>Service</u> <u>Code</u>
	ROUTINE Clients At School Out of Office	
At School Interventions	Problem solving meetings with client and school staff.	P71
Direct Intervention Classroom	Direct intervention in the classroom or other location in the school building.	P72
	ROUTINE Clients Other Out of Office	
Other Direct Contact	Any other direct face-to-face contact with the client or family that occurs in a site other than the agency office or satellite but is not an emergency. This code should be used only if no other code applies.	17

Service Type	<u>Definitions</u>	DPBHS Service Code
ROUT	INE Clients Other Out of Office	
Parent/Caretaker Training/Skill Building	Face to face contact with identified client's caregiver(s) to provide education on implementation of treatment goals.	P81
Family Problem-Solving Meeting	Face to face contact with family with the identified client present to discuss and/or resolve issues related to treatment.	P82
Therapeutic Family Recreation	Face to face contact with client and family to educate or model therapeutic strategies and skills related to treatment goals.	P83

Service Type	<u>Definitions</u>	<u>DPBHS</u> <u>Service</u> <u>Code</u>
	ROUTINE Clients Other Out of Office	
Court Appearance	This should be used <i>only</i> if the therapist is called to testify about specific clinical issues around an identified client. If such a request is received, with the exception of routine outpatient services, the PBH Team Leader should be contacted to discuss how to coordinate the testimony from PBH workers about the service plan. [If there is disagreement about the service plan, these differences must be resolved prior to court testimony, through the appropriate use of the PBH appeal process.] <i>Only</i> licensed clinical staff, or master's degree staff who have received an documented event-specific supervision from their licensed supervisor will be reimbursed for court testimony.	13
ROUTINE Clients With Family, Home or Community Service Codes Out of Office		
Home Visit	Family therapy in the family home/community, or the home/community of any family member	08

Service Type	<u>Definitions</u>	DPBHS Service <u>Code</u>	
ROUTINE Clients Other Out of Office			
Sibling Group Meeting	This is family therapy with identified client an his/her siblings	P84	
Client Recreation	Client Recreation or Psychosocial Activity/Parent Respite	P85	
Other In-Home intervention	Other in –Home Intervention	P86	
Psycho- Social Group Recreation	This is a face to face contact in which a group of clients is present for the purpose of treatment (as defined on the treatment plan), which the identified client is a part of.	P32	
Transportation	Transportation is not counted as direct treatment service. But —when transporting client(s) and/or family(ies), therapist may be providing treatment. This maybe coded as an out-of-office treatment session (15, 17) if a progress note is written which addresses the clinical content and is related to the treatment plan	PT	

Service Codes OUT of Office Emergency Client

Emergency code is when you see a client within 24 hours or less of the request for an appointment

Service Type	<u>Definitions</u>	<u>DPBHS</u> <u>Service Code</u>		
EMERGENCY Clients Out of Office				
Emergency Psychiatric	Session scheduled 24 hours or less by a psychiatrist or psychiatric nurse practitioner.	E05		
Emergency Home visit	Session scheduled 24 hours or less for an emergency visit in the home.	E08		
Other School Interventions	Emergency intervention at the school (currently, active client)	E07		
EMERGENCY CLIENTS Other Out of Office				
Emergency/out of office (Existing client)	Any unscheduled session held out of the agency e.g., DFS Office, Hospital Emergency Room, Police Station, etc, in which the therapist provides direct face-to-face contact assessment, evaluation, or treatment. This code should be used only if no other applies. (Existing Client)	15		

Questions and Answers

